

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 176

Place of Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{	and	{	Number in order of birth
Female					

DATE OF BIRTH\* June 14th, 1930  
(Month) (Day) (Year)

FULL NAME FATHER  
Jose Hernandez

FULL MAIDEN NAME MOTHER  
Eulalia Rodriguez

I HEREBY CERTIFY that the child described  
herein has been named

Antonia Trinidad Hernandez

(Give name in full)

(Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M-8-42-Bower Co.

189-614-597